

# Medi-Cal & HCR Monthly Update

Bureau of Program and Policy

2015 - 1<sup>st</sup> EDITION



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*"If you can't fly then run, if you can't run then walk, if you can't walk then crawl, but whatever you do you have to keep moving forward."-Martin Luther King, Jr.*



## ATTENTION!! ATTENTION!!

### Health Insurance Marketplace Statement

As a result of the implementation of Health Care Reform, all citizens and legal permanent residents are required to have healthcare coverage. This information must be reported to the Internal Revenue Service (IRS) during tax season. Beginning January 20, 2015, Covered California will provide beneficiaries with the 1095-A, which is the Health Insurance Marketplace Statement. This form includes information needed to complete the tax filing process. It will only be sent to individuals who received health coverage through a Covered California plan.

#### Form 1095-A will include:

- The effective date of coverage.
- The policy number.
- Persons enrolled in the health plan.
- Monthly premium amounts.
- Monthly advance payment of premium tax credit.



#### Medi-Cal beneficiaries:

- Will **not** be required to provide proof of coverage when filing their taxes.
- Will **not** be sent the 1095-A form.

The 1095-A is generated by Covered California. If consumers have any questions regarding this form, they must contact Covered California at (800) 300-1506 or (888) 889-4500 (TTY). For questions regarding other tax forms, consumers should consult with their tax preparer.



**Note:** Applicants will not have to pay a tax penalty for the past months that they did not have insurance if they applied during open enrollment in 2014 and are still awaiting a decision. For questions, individuals may contact the **Health Consumer Alliance at 1-888-804-3536.**

# Form 1095-A - SAMPLE

Form **1095-A**

## Health Insurance Marketplace Statement

OMB No. 1545-2232

Department of the Treasury  
Internal Revenue Service

► Information about Form 1095-A and its separate instructions  
is at [www.irs.gov/form1095a](http://www.irs.gov/form1095a).

☐ CORRECTED

**2014**

### Part I Recipient Information

<b>1</b> Marketplace identifier California	<b>2</b> Marketplace-assigned policy number	<b>3</b> Policy issuer's name Health Plan-HMO		
<b>4</b> Recipient's name JOHN DOE		<b>5</b> Recipient's SSN 123456789	<b>6</b> Recipient's date of birth 01/01/1970	
<b>7</b> Recipient's spouse's name JANE DOE		<b>8</b> Recipient's spouse's SSN 234567890	<b>9</b> Recipient's spouse's date of birth 01/01/1970	
<b>10</b> Policy start date 06/01/2014	<b>11</b> Policy termination date 12/31/2014	<b>12</b> Street address (including apartment no.) 1234 STREET BLVD		
<b>13</b> City or town LOS ANGELES	<b>14</b> State or province CA	<b>15</b> Country and ZIP or foreign postal code 90000		

### Part II Coverage Household

	A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
<b>16</b>	JOHN DOE	123456789	01/01/1970	06/01/2014	12/31/2014
<b>17</b>	JANE DOE	234567890	01/01/1970	06/01/2014	12/31/2014
<b>18</b>					
<b>19</b>					
<b>20</b>					

### Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
<b>21</b> January	0	0	0
<b>22</b> February	0	0	0
<b>23</b> March	0	0	0
<b>24</b> April	0	0	0
<b>25</b> May	0	0	0
<b>26</b> June	\$586.60	\$628.83	\$479.00
<b>27</b> July	\$586.60	\$628.83	\$479.00
<b>28</b> August	\$586.60	\$628.83	\$479.00
<b>29</b> September	\$586.60	\$628.83	\$479.00
<b>30</b> October	\$586.60	\$628.83	\$479.00
<b>31</b> November	\$586.60	\$628.83	\$479.00
<b>32</b> December	\$586.60	\$628.83	\$479.00
<b>33</b> Annual Totals	\$4,106.20	\$4,401.81	\$3,353.00

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60703Q

Form 1095-A (2014)

Questions or Comments? Send an e-mail to: [HCR@dpss.lacounty.gov](mailto:HCR@dpss.lacounty.gov)

